

Date of Intake Call: _____

Section A: General Information

Date:	
KHIE Outreach Coordinator:	
Provider/Organization Name:	
Provider/Organization Legal Name:	
Address :	
Phone Number:	
County:	
Primary Contact Name &Title:	
Email Address:	
Phone Number:	
Secondary Contact Name &Title:	
Email Address:	
Phone Number:	
Which practices or hospitals in your medical trading area would you benefit from if they were connected to KHIE?	

SECTION B: Practice/Clinic Information

Is this practice/clinic owned by a hospital? If so, which one?	
Identify Practice Specialty:	
Is your practice a federally qualified Healthcare Center (FQHC) or a rural health clinic (RHC)?	
Does your practice participate in the Vaccines for Children program?	
Number of additional locations:	
Name of additional location:	Address: Phone #: County: Facility NPI #:

Name of additional location:	Address: Phone #: County: Facility NPI #:
Name of additional location:	Address: Phone #: County: Facility NPI #:
MPI Contact/Title: Who is responsible for entering Patient demographics into EMR?	Name: Phone number: Email address:
PA Contact/Title: Who will be signing the Participation Agreement?	Name: Phone number: Email address:
Privacy Official Contact/Title: Who manages HIPAA in your office? KHIE will contact this person if/when there is an identified need.	Name: Phone number: Email address:
Training facilitator/clinical lead: Who will be in charge of overseeing KHIE implementation in your organization?	Name: Phone number: Email address:
SECTION C: EMR Data	
Name of Vendor:	
Product Name & Version:	
Has your EMR vendor completed the 2014 Certification? If not, do you know when this will happen?	
Is your EMR system capable of creating and consuming a CCD?	
Is your EMR system capable of any of the following:	
Radiology	
Laboratory	
Who is your reference Lab?	
Pharmacy (not applicable to hospitals)	

Do you ePrescribe?	
If not, why not?	
Which pharmacy network do you use?	
How many or what % of your providers ePrescribe?	
What % of time do your providers ePrescribe?	

SECTION D: IT Resources

Do you have in-house technical resources?	
Do you outsource for technical resources?	

KHIE Menu of Services

<p>I. Public Health Measures</p> <ul style="list-style-type: none"> A. KHIE will route immunization messages to the KY Immunization Registry. B. KHIE will monitor Syndromic Surveillance from ADT feed and route to BioSense. C. KHIE will filter lab feed for Reportable Diseases and route to NEDSS (labs must be LOINC coded). D. KHIE will submit data to the KY Cancer Registry. <p>II. Direct Messaging</p> <ul style="list-style-type: none"> A. Implemented late 2013 B. Send PHI securely, messages are encrypted. 	<p>III. Transitions of Care</p> <ul style="list-style-type: none"> A. Submission of CCD/CDA to KHIE will meet this MU objective; must be transmitted to unaffiliated provider and receipt acknowledged. <p>IV. Health eWay</p> <ul style="list-style-type: none"> A. KHIE is onboarding to the National eHealth Exchange, the nationwide health information infrastructure; If you are a KHIE participant, KHIE will act as your proxy so that you don't incur the cost of onboarding.
--	--

NOTE:

KHIE is the gateway for providers to meet the public health reporting measures for Meaningful Use. Additional Meaningful Use guidance is available on our website:

<http://khie.ky.gov/tech/Pages/MeaningfulUseGuidance.aspx>

Please also refer to the official Kentucky Medicaid EHR Incentive Program policy changes regarding public health reporting:

<http://khie.ky.gov/nr/Documents/Revised%20Policy%20for%20Reporting%20MU%20Public%20Health%20Measures.pdf>

Your Goals of Connectivity

What are your goals regarding connectivity to the Kentucky Health Information Exchange (KHIE)?	
Full Connectivity?	
Meet Public Health MU measures through KHIE?	

Status of Meaningful Use

Are you attesting for Stage 1?	
Are you attesting for Stage 2?	
In order to meet a MU Public Health measure, do you want to submit: (1) immunizations messages, (2) syndromic surveillance data, or (3) cancer data	
Do you give Immunizations (flu, tetanus, pneumo, gardasil)?	
When is your MU reporting period?	
Do you qualify for incentives from Medicaid?	
Do you qualify for incentives from Medicare?	
What is the NPI # that will be used to attest to Meaningful Use measures in order to be eligible to receive EHR Incentives?	
What is your group or facility NPI#?	
List the name and NPI# for every provider (PA, NP, MD) in your practice/clinic.	
Have you registered for Incentive Payments?	
Have you received payment, yet?	
Are you working with one of the Regional Extension Centers (REC)? If yes, please identify which one and with whom you are working?	